

2005 FNS LINC—Leadership, Innovation, and Nutrition Collaboration—Awards
DEADLINE FOR AWARD NOMINATIONS: May 20, 2005

2005 Award Nomination Form

Nomination submitted by:

Name: _____ **Title:** _____

Agency/Organization: _____ **Program** _____

Address: _____

_____ **City** _____ **State** _____ **Zip code** _____
Telephone: _____ **Fax number:** _____

E-mail: _____

Awards Category: (check one)

- ☐ Partnerships and Collaborations
- ☐ Nourishing Tomorrow's Leaders and Practitioners
- ☐ Excellence in Practice

Title of Project Nominated: _____

Project Period: From: _____ **To:** _____

Source(s) of funding: _____

Funding level (estimated): _____

Person or organization to receive award. The award will be presented to the one individual or organization designated as the project or program leader. Check one:

☐ **Individual: Name:** _____ **Title:** _____

Agency: _____ **FNS Program:** _____

Address: _____

Phone: _____ **Fax:** _____ **E-mail:** _____

☐ **Organization:**

1. Key contact name: _____ **Title:** _____

Organization: _____

Address: _____

Phone: _____ **Fax:** _____ **E-mail:** _____

2. Key contact name: _____ Title: _____

Organization: _____

Address: _____

Phone: _____ Fax: _____ E-mail: _____

Check each FNS Program involved in this project and provide the key contact(s) below for each program:

- | | |
|--|---|
| <input type="checkbox"/> Food Stamp Program | <input type="checkbox"/> Food Distribution Program on Indian Reservations |
| <input type="checkbox"/> WIC Program: <ul style="list-style-type: none"><input type="checkbox"/> Nutrition Education<input type="checkbox"/> Breastfeeding Promotion<input type="checkbox"/> Farmer's Market Nutrition Program | <input type="checkbox"/> Child Nutrition Program: <ul style="list-style-type: none"><input type="checkbox"/> Team Nutrition<input type="checkbox"/> School Breakfast/Lunch/Milk<input type="checkbox"/> At-Risk Afterschool Snack & Supper<input type="checkbox"/> Summer Food<input type="checkbox"/> Child and Adult Care |
| <input type="checkbox"/> Commodity Supplemental Food Program | |
| <input type="checkbox"/> Senior Farmer's Market Nutrition Program | <input type="checkbox"/> Nutrition Services Incentive Program |
| <input type="checkbox"/> The Emergency Food Assistance Program (TEFAP) | <input type="checkbox"/> Other FNS Program: _____ |

Provide the key contacts associated with the programs checked above:

FNS Program		
1.	Name: _____ Title: _____	Phone: _____ E-mail: _____
2.	Name: _____ Title: _____	Phone: _____ E-mail: _____
3.	Name: _____ Title: _____	Phone: _____ E-mail: _____
4.	Name: _____ Title: _____	Phone: _____ E-mail: _____
5.	Name: _____ Title: _____	Phone: _____ E-mail: _____
6.	Name: _____ Title: _____	Phone: _____ E-mail: _____

List other groups or organizations involved in the project and identify key contact:

Group or Organization		
1.	Name: _____ Title: _____	Phone: _____ E-mail: _____
2.	Name: _____ Title: _____	Phone: _____ E-mail: _____
3.	Name: _____ Title: _____	Phone: _____ E-mail: _____

(Attach additional page if need more space)